

## Appendix B: Provider Checklist for Adequacy of Facilities

(Application for Approval as a Provider of a Personal Financial Management Instructional Course)

Provider Name: _____		
Fed. Tax Id. or Social Security No.: _____		
Location Address: _____		
CHECK ONE <input checked="" type="checkbox"/>	REQUIRED ELEMENT	EXPLANATION
YES      NO	Handicapped accessible building and room.	No steps at door entry or at wheelchair ramp, rail. Meets specifications of Americans with Disabilities Act Accessibility Guidelines (ADAAG).
YES      NO	Handicapped accessible restrooms.	Meets ADAAG.
YES      NO	Close to public transport.	Location within ½ mile of bus stop or reasonable distance from public transportation if available in the area.
YES      NO	Convenient parking and physically challenged designated parking available.	
YES      NO	Facility meets standard building safety codes.	
YES <input type="checkbox"/> NO	Facility does not exceed occupancy requirements for safety, fire, or health codes, rules, or laws.	Occupancy permit for intended use and number of occupants.
YES      NO	Facility meets fire/life and health codes, rules or regulations.	Established exit, fire alarm, sprinkler, or safety requirements are met.
YES      NO	Facility does not contain hazardous materials.	Facility is free of hazardous materials according to federal, state, and local environmental rules or regulations.
YES      NO	Facility has adequate liability insurance coverage.	

**THIS CHECKLIST IS NOT AN EXCLUSIVE OR EXHAUSTIVE LIST OF ELEMENTS THE UNITED STATES TRUSTEE MAY CONSIDER IN DETERMINING WHETHER A FACILITY IS ADEQUATE.**

I declare under penalty of perjury that I have reviewed the information provided on this checklist and it is true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature of Owner, President, Chairman, Trustee, or  
Other Authorized Official

\_\_\_\_\_  
Type or Print Name of Signor

\_\_\_\_\_  
Type or Print Title of Signor

\_\_\_\_\_  
Date

(June 2005)